



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

PATRICK W. FINNERTY  
DIRECTOR

April 2, 2002

SUITE 1300  
600 EAST BROAD STREET  
RICHMOND, VA 23219  
804/786-7933  
800/343-0634 (TDD)

Mike Fiore, Director  
Centers for Medicare and Medicaid Services  
Center for Medicaid and State Operations  
Family and Children's Health Program Group  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850  
(410) 786-0623

Dear Mr. Fiore:

The purpose of this letter is to facilitate the approval of Virginia's Family Planning Waiver. Virginia first submitted a 1115 waiver application to your office in December 1999 to extend family planning services for women up to two years postpartum. Following that submission, we received some follow-up questions on April 11, 2000, which we responded to on April 25, 2001. On September 21, 2001, we received additional questions and the notification of a new primary care services requirement. Enclosed is our response to the last set of questions and how we plan to meet the new primary care services requirement.

In our response to your September 21, 2001 letter, we have provided a more detailed explanation of the budget neutrality figures, utilizing the most recent data available and the suggested 1996 study conducted by the Alan Guttmacher Institute. In addition, we have addressed the service delivery issue by providing a list of Medicaid family planning providers by geographical regions, specialty, and current provider/client ratios. We plan to closely monitor the number of enrolled Medicaid family planning providers to ensure a sufficient number throughout the State.

Regarding the primary care requirement, we have enclosed a letter of support from the Virginia Primary Care Association, which follows the CMS recommendation to utilize Federally Qualified Health Centers/Rural Health Clinics.

Mr. Mike Fiore  
April 2, 2002  
Page Two

We **look** forward to receiving CMS approval of Virginia's Family Planning Waiver. If you have any additional questions, please contact Kathryn Kotula, our Policy Director, at (804) 371-8850.

sincerely,



Patrick Finnerty  
Director

PF/dms

Enc.

## CMS Family Planning Waiver Questions as of September 21, 2001

### Primary Care Requirements

CMS: CMS is now requiring that states ensure access to primary care services for those clients in Medicaid 1115 family planning waivers. States can fulfill this requirement by providing a primary care benefit package, or by referring clients to FQHCs/RHCs, for primary care services. CMS will also consider other options that the state may suggest to fulfill this requirement.

#### DMAS Response:

DMAS plans to refer clients to FQHCs/RHCs located in Virginia.

If a state chooses to refer clients to FQHCs/RHCs, then they must meet the following criteria:

1. CMS Criteria: States should work with their Primary Care Associations to facilitate access to primary care services and should provide CMS with a letter based on the discussions that indicates the Primary Care Association's understanding and support of the process for referring participants to FQHCs/RHCs for primary care services.

#### DMAS Response:

After receiving approval of the Executive Board of the Virginia Primary Care Association (VPCA), the Executive Director has signed a letter of support. VPCA has agreed to refer family planning waiver participants to FQHCs/RHC's for primary care services, provide primary care services to the participants, and provide written materials with names, locations, and phone numbers of primary care providers to the participants (Attachment 1).

2. CMS Criteria: The state must verify that the FQHCs/RHCs have the capability to serve this population. They must also provide a copy of the geographic breakdown of FQHCs/RHCs in order to assure adequate access.

#### DMAS Response:

VPCA is a statewide association for Virginia's community health centers and similar organizations. These community health centers are located in medically underserved areas to provide primary care to anyone seeking care. DMAS has provided a map of VPCA's current network (Attachment 2).

3. CMS Criteria: Any written materials that family planning providers or the state supplies to clients should include information on how to access primary care services at FQHCs/RHCs. These materials should include a list of primary care providers (FQHCs/RHCs), their locations, and phone numbers. States should provide a copy of these materials to CMS.

DMAS Response:

Attached is a list of primary care providers (FQHC's), their locations, and phone numbers (Attachment 3). VPCA has agreed to provide this written material to participants of the waiver during family planning visits. Once the waiver is approved, DMAS also plans to coordinate with the Department of Social Services to develop a notification of family planning waiver enrollment that will be sent to women who are enrolled into the waiver program. A fact sheet that provides information about family planning waiver services, and primary care services will also be developed and sent with the notification. The Medicaid Recipient Handbook will be updated to provide information about the family planning waiver and how to procure primary care services.

4. CMS Criteria: Any oral counseling that the family planing clients receive needs to include an explanation of how they may access primary care services at their nearest FQHCs/RHC, and provide the location and phone number of the nearest facilities. The state must describe how this requirement will be fulfilled.

DMAS Response:

DMAS will update the provider manuals to inform providers of this requirement. DMAS will provide training to providers on this requirement.

5. CMS Criteria: The state should provide an explanation of how they will evaluate or assess the impact of providing referrals for primary care services.

DMAS Response:

The impact of providing referrals to primary care services will be included in the overall evaluation of the waiver and is explained in the evaluation design.

Budget Neutrality

**CMS:** The state should provide a more detailed narrative explanation of the budget neutrality figures. Since some time has passed since the waiver was first

submitted, the state should update their budget neutrality worksheet projecting five years out. Please use the most recent actual family planning waiver data as the base year and provide this information along with 2 years prior historical data.

DMAS Response:

The budget neutrality figures have been updated. The most recent data, the base year and two years prior historical data, is provided. Please see Attachment 4.

CMS: Please explain and provide birth data collected for Virginia Department of Health and describe how the growth rate of deliveries was calculated.

DMAS Response:

Growth rate of deliveries is now based on Medicaid forecasts of pregnant women (extracted from HCFA 37 program designation forecasts).

CMS: Please explain how the average maternity/delivery cost of \$5,212 was determined, as well as the source of the estimated number of deliveries.

DMAS Response:

The calculations have been re-done using fee-for-service claim analysis and actuarial calculation for managed care programs. The average maternity cost is calculated as follows:

Cost per delivery: Inpatient Maternity Hospital	<b>\$1,993</b>
Cost per delivery: Practitioner non-hospital	<b>\$923</b>
Cost per Pregnant Woman, additional claims, non-maternity	<b>\$994</b>
Cost per infant first year (capitation rates)	<b><u>\$3,984</u></b>
Total annual estimated cost of maternity/delivery, SFY 2000	<b>\$7,893</b>

**CMS:** Please explain how it was determined that the number of recipients using family planning services in the waiver program will increase by 5% in the first year and 10% thereafter.

DMAS Response:

This was an assumption made in the **1999** Waiver submission. The rate of increased utilization appears to be conservative and reasonable given the objective of the waiver. Extended Family Planning Services benefits will promote but not necessarily assure significant utilization increase of the program. Calculations now assume 5% in SFY 2003 and 10% in SFY 04 and beyond.

**CMS:** We were unable to locate the reference to the 1986Thompkins study that found that one pregnancy is averted for every 15 women who seek family planning services. Instead, please use the more recent 1996 study conducted by the Alan Guttmacher Institute entitled, “Impact of Publicly Funded Contraceptives Services on Unintended Pregnancies and Implications for Medicaid Expenditures.”,

DMAS Response

The more recent **1996** study conducted by the Guttmacher Institute has been used. Please see the budget neutrality calculations cited in Attachment 4.

Service Delivery

**CMS:** According to the state, its family planning service network comprises 4,421 providers. This number, out of context, does not answer the question of whether the number of available providers is sufficient to meet the increase demand for services that this waiver will generate. Please provide us with any state-conducted analyses of the adequacy of this provider capacity that you may have conducted.

DMAS Response:

Virginia has informally conducted research based on historical comparisons within Virginia as well as comparison of trends in several nearby states, and among various methods of service delivery. In addition, because Virginia (like other states) will be utilizing all of its enrolled primary care physicians and nurse practitioners, Virginia does not foresee a shortage of providers.

The most recent statistical data (The *Statistical Record of the Virginia Medicaid Program, Fiscal Year 2001*) shows **6,017** Medicaid enrolled providers in the family planning service network and 35,422 unduplicated Medicaid family planning recipients which produces a provider/client ratio of **1:6**.

An analysis of statewide coverage utilizing the Virginia Department of Social Services regional breakdown shows significant

enrolled provider representation throughout the whole state and neighboring states (Attachment 5). It is not projected that the provider to patient ratio will significantly be influenced; however, DMAS will monitor the provider enrollment and if it appears that the possibility of insufficiency may exist in the future, DMAS will actively recruit providers for enrollment.

CMS: If a shortage of providers occurs, please describe the methods – in particular those currently utilized – that the state will use to recruit family planning providers. Please include an explanation of outreach and retention strategies that would be incorporated to reach out to providers and encourage participation.

DMAS Response:

If a shortage of providers occurs, DMAS would obtain a list of eligible providers from the Virginia Department of Health Professions and recruit providers via telephone, in writing and then in person. Also, benefit is gained from the Managed Care Organization's health plans that utilize provider relations staff who recruit and maintain providers. Presentations can also be conducted to physician trade groups in order to use their network to deliver recruiting information.

#### Eligibility

CMS: How long after a letter is sent to a 60-day post-partum Medicaid recipient does the recipient have to contact her local eligibility office?

DMAS Response:

At least 30 days prior to the end of the 60-day postpartum Medicaid covered period; recipients will be notified of the termination date of Medicaid coverage. Hopefully most recipients will contact the local eligibility office prior to the termination of the Medicaid covered postpartum period; however, the recipient is eligible for the family planning waiver service if she meets eligibility guidelines at anytime during the 24-month postpartum period. If a woman does not become pregnant and has not had a redetermination of eligibility conducted or has experienced a change in circumstance that may make her eligible, and she makes contact with the local eligibility office at any time during the 24-month postpartum period she would be assessed for family planning waiver eligibility. If deemed eligible for family planning she would receive services from the moment of eligibility determination greater than 60 days postpartum until 24 months postpartum barring circumstances that may change eligibility status.

**CMS:** Also, what additional information will the enrollee be required to have in order to prove eligibility, and will that information be included in the letters additional language?

**DMAS Response:**

In reference to previous questions, the additional language in the letter will consist of an explanation that a woman could be eligible for family planning services if not otherwise eligible for another Medicaid covered group. The woman would be asked to supply all information that is required for a Medicaid eligibility determination in order to assess her eligibility for all Medicaid covered groups. She would be advised in this letter that she will be assessed for eligibility for all covered groups and if she does not meet the requirements for any other groups she will be assessed for eligibility for the family planning waiver group. Because a complete eligibility determination is done, she will need to provide proof of income, both earned and unearned, and resources of all in the household, such as bank and savings accounts, value of vehicles, stock, etc., and a completed Medicaid application.

#### Evaluation

**CMS:** A solid evaluation design is necessary for all approved research and demonstration projects in order that critical lessons can be learned from such demonstrations. Please provide more detailed information about the proposed evaluation methodology, as well as more specific information about proposed plans to contract with a university to conduct the evaluation. Who within the Commonwealth will be responsible for oversight of the evaluation and which university is being considered? Have there been preliminary conversations with the proposed evaluator?

**DMAS Response:**

DMAS will be the responsible party for oversight of the evaluation. DMAS proposes to contract with the University of Virginia, George Mason University, or Virginia Commonwealth University. No preliminary conversations have taken place. However, these universities have already done extensive research of DMAS programs for Title XIX and Title XXI. After approval of the waiver, an Interagency Agreement will be developed between DMAS with one of the above mentioned universities. The Interagency Agreement will have a specific timeline on when the evaluation period is to begin and end and when the results are finalized. It will require the contracted university to develop an appropriate, valid methodology using both qualitative and quantitative data that would isolate the impact of this

program from other family planning initiatives within the State and test the following hypotheses:

1. The number of women obtaining publicly supported family planning services will increase following the introduction of expanded eligibility provisions of this proposed waiver.
2. The demonstration waiver will reduce the proportion of women in the target population who experience Medicaid deliveries within two years.
3. The demonstration waiver will result in a slower annual rate of growth in Medicaid paid deliveries in Virginia.
4. The demonstration waiver will reduce the overall cost of the Virginia Medicaid program.
5. The demonstration waiver will decrease poor birth outcomes.
6. The demonstration will improve the continuity of care by providing referrals to primary care services.

Services

CMS: Please provide a comprehensive list of the CPT, ICD-9, CM, HCPCS and local codes that will be used to bill for family planning waiver services. We provided you with a copy of CMS's 1993 "Financial Management Review Guide for Family Planning Services" and the September 8, 1997 update to that Guide. That material lists the CPT and ICD-9-CM codes that may be eligible for the 90 percent family planning match. If you plan to use codes not described in that material, please provide an explanation.

DMAS Response:

The Comprehensive list of codes that will be used to bill for family planning waiver services is enclosed, (Attachment 6). The National Drug Code Category for Family Planning will be used as a means to bill for the various pharmacological forms of birth control.

### Outreach and Education

**CMS:** Our experience in other states has been that the one area that is often neglected is provider education. The program's effectiveness is greatly diminished because of inadequate provider education. We would recommend that a focused provider training session on this program be implemented for all the providers that are participating and that attendance is mandatory.

#### **DMAS Response:**

**DMAS** will revise **its** provider education plan to include training sessions conducted by the DMAS provider-training unit. Training the providers is listed as a key task that must be completed prior to implementation of the project. **DMAS** will also update its provider manual to reflect this new service. **DMAS** will be meeting with the VPCA membership during VPCA association meetings to provide training.



Bland County Medical Clinic

Blue Ridge Medical Center

Boydton Medical Center

Central Piedmont  
Health Services

Central Virginia  
Health Services

Clinch River Health Services

Eastern Shore  
Rural Health System

Highland Medical Center

Horizon Health Services

Irvin Gammon Craig  
Health Center

Kuumba Community Health  
& Wellness Center

Lunenburg County  
Community Health Center

Olde Towne Medical Center

Peninsula Institute For  
Community Health

Portsmouth Community  
Health Center

Saltville Medical Center

Shenandoah Valley  
Medical System

Staunton River  
Medical Center

Stone Mountain  
Health Services

Stony Creek Community  
Health Center

Suffolk Community  
Health Center

The Daily Planet

Tri-Area Health Clinic

Tri-State Community  
Health Center

Vernon L. Harris East End  
Community Health Center

March 26, 2002

Mike Fiore, Director  
Centers for Medicare and Medicaid Services  
Center for Medicaid and State Operations  
Family and Children's Health Program Group  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

Dear Mr. Fiore:

The Virginia Primary Care Association (VPCA) is the state membership organization for the Federally Qualified Health Centers (FQHC) in Virginia. Our membership represents seventeen 501(c)(3) organizations that receive Section 330 federal funding to operate forty-three sites that provide comprehensive primary care services. We also represent seventeen other primary care, dental care, and specialty centers providing service to the medically underserved citizens of the Commonwealth as well as two centers that are headquartered out of state but serve Virginia residents. With this vast service network, we have the capability to provide primary care services and referrals to the clients of this waiver.

VPCA agrees to provide primary care services and referrals to primary care providers. VPCA will provide names, locations, and phone numbers of FQHC's to participants of the waiver during family planning visits. Our members are in full support of the efforts of the Virginia Department of Medical Assistance Services (DMAS). We look forward to working with DMAS and performing integral roles for this demonstration and research waiver.

Sincerely,

  
R. Neal Graham  
Executive Director

*ASSURING ACCESS TO PRIMARY HEALTH CARE FOR ALL VIRGINIANS*

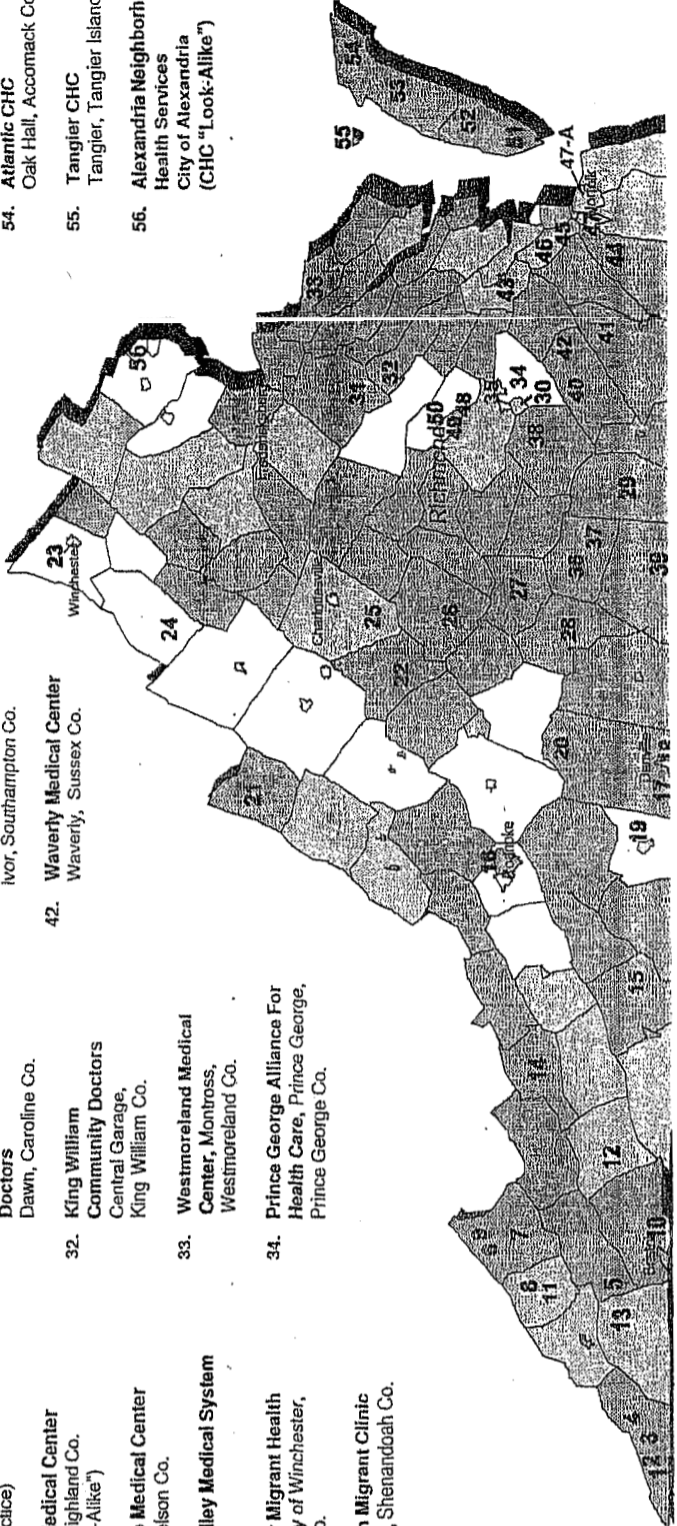
10800 MIDLOTHIAN TPKE., SUITE 265, RICHMOND, VA 23235 (804) 378-8801 FAX (804) 379-6593 WWW.VPCA.COM



# Assuring Access To Primary Health Care For All Virginians

Virginia's Community Health Centers & VPCA Members

- |   |  |   |   |  |   |
|---|--|---|---|--|---|
| <b>Stone Mountain Health Services</b><br>(Sites 1 - 11)               | <b>14. Bland County Medical Clinic</b><br>Bastian, Bland Co.                             | <b>Central Virginia Health Services</b><br>(Sites 25 - 35)                        | <b>35. Hopewell Alliance For Health Care</b><br>City of Hopewell                                      | <b>43. Old Towne Medical Center</b><br>(Williamsburg)<br>(Rural Health Clinic)                                     | <b>48. The Daily Planet</b><br>(Health Care for the Homeless)<br>City of Richmond               |
| <b>1. Western Lee County Health Clinic</b><br>Ewing, Lee Co.          | <b>15. Tri-Area Health Clinic</b><br>Laurel Fork, Carroll Co.                            | <b>25. Southern Albemarle Family Practice</b><br>Esmont, Albemarle Co.            | <b>36. Lunenburg County Community Health Center</b><br>(Sites 36, 37 & 38)<br>Victoria, Lunenburg Co. | <b>44. Peninsula Institute for Community Health</b><br>(Sites 44, 45 & 46) (Includes Homeless Health Care Program) | <b>49. Vernon J. Harris East E Community Health Center</b><br>City of Richmond                  |
| <b>2. St. Charles Community Health Clinic</b><br>St. Charles, Lee Co. | <b>16. Kuumba Community Health &amp; Wellness Center</b><br>City of Roanoke              | <b>26. Central Virginia Community Health Center</b><br>New Canton, Buckingham Co. | <b>37. KenCare</b><br>Kenbridge, Lunenburg Co.  | <b>45. Main Street Physicians</b><br>City of Suffolk   | <b>50. Irvin Gammon Craig Health Center, Henrico County (CHC "Look-Alike")</b>                  |
| <b>3. St. Charles Respiratory Care</b><br>St. Charles, Lee Co.        | <b>Central Piedmont Health Services</b><br>(Sites 17, 18 & 19)                           | <b>27. Women's Health Center</b><br>Farmville, Prince Edward Co.                  | <b>38. Dinwiddie Medical Center</b><br>Dinwiddie, Dinwiddie Co.                                       | <b>46. PI@48th</b><br>City of Newport News   | <b>Eastern Shore Rural Health System (Sites 51 - 55)</b> (Includes Vagrant Health Care Program) |
| <b>4. Pennington Family Health Center</b><br>Pennington Gap, Lee Co.  | <b>17. Sandy River Medical Center</b><br>Axtom, Pittsylvania Co.                         | <b>28. Charlotte Primary Care</b><br>Charlotte Courthouse<br>Charlotte Co.        | <b>39. Boydton Medical Center</b><br>Boydton, Mecklenburg Co.   | <b>47. PI@Stoneybrook</b><br>City of Newport News  | <b>51. Bayview CHC</b><br>Cheriton, Northampton Co.   |
| <b>5. William A. Davis Clinic</b><br>Castlewood, Russell Co.          | <b>18. Southside Family Medical Center</b><br>City of Danville                           | <b>29. Alberta Family Health Services</b><br>Alberta, Brunswick Co.               | <b>40. Stony Creek Community Health Center</b><br>Stony Creek, Sussex Co.                             | <b>47. Portsmouth Community Health Center</b><br>City of Portsmouth  | <b>52. Franktown CHC</b><br>Nassawadox, Northampton Co.   |
| <b>6. Vansant Respiratory</b><br>Vansant, Buchanan Co.                | <b>19. Martinsville Family Medical Center</b><br>Center, City of Martinsville            | <b>30. Petersburg Health Care Alliance</b><br>City of Petersburg                  | <b>41. Ivor Medical Center</b><br>Ivor, Southampton Co.   | <b>47-A. Park Place Medical Center</b><br>City of Norfolk  | <b>53. Onley CHC</b><br>Onley, Accomack Co.   |
| <b>7. Davenport Clinic</b><br>Davenport, Buchanan Co.                 | <b>20. Staunton River Medical Center</b><br>Hurt, Pittsylvania Co.<br>(Private Practice) | <b>31. Dawn Community Doctors</b><br>Dawn, Caroline Co.                           | <b>42. Waverly Medical Center</b><br>Waverly, Sussex Co.  | <b>54. Atlantic CHC</b><br>Oak Hall, Accomack Co.  | <b>55. Tangier CHC</b><br>Tangier, Tangier Island   |
| <b>8. Haysi Clinic</b><br>Haysi, Dickenson Co.                        | <b>21. Highland Medical Center</b><br>Monterey, Highland Co.<br>(CHC "Look-Alike")       | <b>32. King William Community Doctors</b><br>Central Garage,<br>King William Co.  | <b>33. Westmoreland Medical Center, Montross, Westmoreland Co.</b>                                    | <b>56. Alexandria Neighborhood Health Services</b><br>City of Alexandria<br>(CHC "Look-Alike")                     |   |
| <b>9. Thompson Family Health Center</b><br>Vansant, Buchanan Co.      | <b>22. Blue Ridge Medical Center</b><br>Colleen, Nelson Co.                              |   |   |  |   |
| <b>10. Holston Family Health Center</b><br>Damascus, Washington Co.   | <b>Shenandoah Valley Medical System</b><br>(Sites 23 & 24)                               |   |   |  |   |
| <b>11. Clinchco Dental Clinic</b><br>Clinchco, Dickenson Co.          | <b>23. Winchester Migrant Health Center</b><br>City of Winchester,<br>Frederick Co.      |   |   |  |   |
| <b>12. Clinch River Health Services</b><br>Dungannon, Scott Co.       |  |   |   |  |   |
| <b>13. Saltville Medical Center</b><br>Saltville, Smyth Co.           | <b>24. Mt. Jackson Migrant Clinic</b><br>Mt. Jackson, Shenandoah Co.                     |   |   |  |   |



Federally Designated Medically Underserved Area  
 Partially Federally Designated Medically Underserved Area

Virginia Primary Care Association  
Membership Roster  
(Updated 2/20/02)



ALEXANDRIA NEIGHBORHOOD  
HEALTH SERVICES, INC. (O)  
3804 Executive Ave. Apt. D1-D3  
Alexandria, VA 22305  
703-370-7630  
703-370-8986(f)  
Susan Abramson, Executive Director  
[anhshi@aol.com](mailto:anhshi@aol.com)

BLAND COUNTY MEDICAL CLINIC (C)\*  
Route 1, Box 102  
Bastian, VA 24314  
276-688-4331  
276-688-4336 (f)  
Susan Creever, Executive Director  
Palricia Mitchell, FNP, Clinical Director  
[sgreever@naxs.net](mailto:sgreever@naxs.net)

BLUE RIDGE MEDICAL CENTER (C)\*  
4038 Thomas Nelson Highway  
Arrington, VA 22922  
434-263-5953/8594  
434-263-4160 (f)  
Robert LeDoyen, Executive Director  
Tracy Buni, MD, Medical Director  
[rledoyen@ceva.net](mailto:rledoyen@ceva.net)

BOYDTON MEDICAL CENTER (C)\*  
P.O. Box 540  
Boydton, VA 23917  
434-738-6102  
434-738-6982 (f)  
Carol Dill, Executive Director  
Aydin Uzunpinar, MD, Medical Director  
[cedarbrk@ix.netcom.com](mailto:cedarbrk@ix.netcom.com)  
[www.boydtonmedical.org](http://www.boydtonmedical.org)

CENTRAL PIEDMONT HEALTH SERVICES (C)\*  
4900 Piney Forest Road  
Danville, VA 24540  
434-792-7381  
434-792-7385 (f)  
David Owen, Executive Director  
Ruby Quint-Moore, MD, Medical Director  
[sandyiv@gamewood.net](mailto:sandyiv@gamewood.net)  
Sandy River Medical Center (site name for above address)  
+Martinsville Family Medical Center  
+Southside Family Medical Center, Inc.

CENTRAL VIRGINIA HEALTH SERVICES (C)\*  
P.O. Box 220  
New Canton, VA 23123  
434-581-3271/13273  
434-581-1704 (f)  
240-368-7437 (Rod's direct fax)  
Rod Manifold, Executive Director (X3002)  
Randy Bashore, MD, Medical Director  
[rodmanifold@cvhsinc.org](mailto:rodmanifold@cvhsinc.org)

+Alberta Family Health Services  
+Central Virginia Community Health Center  
(same as corporate name address)  
+Charlotte Primary Care

+Prince George Health Care Alliance  
+Petersburg Health Care Alliance  
+Southern Albemarle Family Practice  
+Westmoreland Medical Center  
+Women's Health Center

CLINCH RIVER HEALTH SERVICES (C)\*  
Route 1, Box 20  
Dungannon, VA 24245  
276-467-2201  
276-467-2673 (f)  
Carolyn Bowen, Administrator  
Gary Michael, MD, Medical Director  
[rl.oiiienQcrrhcall/?org](http://rl.oiiienQcrrhcall/?org)

DAILY PLANET, INC. (H)\*  
Health Care for the Homeless  
517 W. Grace Street  
Richmond, VA 23220  
004-783-0678  
804-783-2514 (f)  
Levin C. Sullivan, Executive Director  
Tony King, Medical Director

EASTERN SHORE RURAL HEALTH SYSTEM (C, M)\*  
Corporate Office  
P.O. Box 1039  
Nassawadox, VA 23413  
757-414-0400  
757-414-0569 (f)  
Nancy Stem, CEO (X117)  
Parker Dooley, MD, Medical Director  
[esrh1@esva.net](mailto:esrh1@esva.net)

+Accomack County School Based Dental Program  
(Pungoteague Clinic)  
+Accomack County School Based Dental Program  
(Metompkin Clinic)  
+Atlantic Community Health Center  
+Bayview Community Health Center  
+Franktown Community Health Center  
+Northampton County School Based Dental Program  
+Onley Community Health Center  
+Tangier Community Health Center

HIGHLAND MEDICAL CENTER (R)\*\*  
P.O. Box 490  
Monterey, VA 24465  
540-468-3300  
540-466-3301 (f)  
Dr. Bernie Tabatznik, Acting Administrator  
Ronald Chio, MD, Medical Director

HORIZON HEALTH SERVICES (C)\*  
P.O. Box 45  
Ivor, VA 23866  
757-859-6161  
757-059-6165 (f)  
Cheryl Ebersole, Administrator  
Julian "Dew" McKenney, DO, Medical Director  
[Cherylivor1@aol.com](mailto:Cherylivor1@aol.com)  
Ivor Medical Center (site name for above address)  
+Waverly Medical Center

**IRVIN GAMMON CRAIG HEALTH CENTER (O)\*\***

8000 Brook Road  
Richmond, VA 23227  
804-264-2986  
804-264-8351 (f)  
Mary M. McRoberts, Executive Director  
Janet Eddy, MD, Medical Director  
[mary.chc@erols.com](mailto:mary.chc@erols.com)

**KUUMBA COMMUNITY HEALTH & WELLNESS CENTER (C)\***

3716 Melrose Avenue NW  
P.O. Box 6097  
Roanoke, VA 24017  
540-362-5158  
540-362-5378 (f)  
Eileen Lepro, Executive Director  
Scot M. Hansen, DO, Medical Director  
[elepro@kuumbachc.com](mailto:elepro@kuumbachc.com)

**LUNENBURG COUNTY COMMUNITY HEALTH CENTER (C)\***

P.O. Box 70  
Victoria, VA 23974  
434-696-2165  
434-696-1557 (f)  
Carolyn Bagley, Executive Director  
Darla Adams, MD, Medical Director  
[cbagley@msinets.com](mailto:cbagley@msinets.com)

+Dinwiddie Medical Center  
+KenCare Family Medicine & Minor Surgery  
+Lunenburg Medical Center

**OLDE TOWNE MEDICAL CENTER (R)\*\***

5249 Olde Towne Road  
Williamsburg, VA 23188  
757-259-3250  
757-259-3252 (Judy's direct #)  
757-220-1953 (f)  
Judy Knudson, Executive Director  
Jason McClellan, MD, Medical Director  
[judyk@james-city.va.us](mailto:judyk@james-city.va.us)

**PENINSULA INSTITUTE FOR COMMUNITY HEALTH (C, H)\***

4714 Marshall Avenue  
Newport News, VA 23607  
757-257-8560  
757-928-0902 (f)  
Edwina Gary, CEO (X339)  
Michael Parson, MD, Medical Director  
PICH @ 48<sup>th</sup> (site name for above address)  
[egary@pich.org](mailto:egary@pich.org)  
[www.pich.org](http://www.pich.org)

+PICH @ Stoneybrook  
+Main Street Physicians

**PORTSMOUTH COMMUNITY HEALTH CENTER (C)\***

664 Lincoln Street  
Portsmouth, VA 23704  
757-397-0042  
757-397-0047 (f)  
Cynthia Creede, Executive Director (X312)  
Imelda Tobias, MD, Medical Director  
[ccreede@portshealth.org](mailto:ccreede@portshealth.org)

+Park Place Medical Center

**SALTVILLE MEDICAL CENTER (C, M)\***

P.O. Box 729  
Saltville, VA 24370  
276-496-4433/5241  
276-496-5923 (f)  
Howard Chapman, Jr., Executive Director (X14)  
Jill Talbert, RN, Clinical Director  
[saltvillemedctr@netva.com](mailto:saltvillemedctr@netva.com)

**SHENANDOAH VALLEY MEDICAL SYSTEMS (C, M)\***

P.O. Box 1146  
Martinsburg, WV 25402  
304-267-5531  
304-263-0984 (f)  
David Fant, Executive Director (X160)  
Terrence Reidy, MD, MPH, Medical Director  
[dfant@shentel.net](mailto:dfant@shentel.net)  
+Mt. Jackson Migrant Clinic  
+Winchester Migrant Clinic

**STAUNTON RIVER MEDICAL CENTER (O)\*\***

Box 760  
Hurt, VA 24563  
434-324-4411  
434-324-9247 (f)  
Lillian Gillespie, Administrator

**STONE MOUNTAIN HEALTH SERVICES (C)\***

602 West Morgan Avenue, Suite 3  
Pennington Gap, VA 24277-2036  
276-546-5310  
276-546-5469 (f)  
Malcolm Perdue, CEO  
Bickley Craven, MD, Clinical Director  
[stonemtn@naxs.com](mailto:stonemtn@naxs.com)

+St. Charles Community Health Clinic  
+Clinch River Dental Clinic  
+Clinchco Dental Clinic  
+Davenport Clinic  
+Haysi Clinic  
+Holston Family Health Center  
+Pennington Family Health Center  
+St. Charles Respiratory Care Center  
+Thompson Family Health Center  
+Vansant Respiratory Care Center  
+Western Lee County Health Clinic  
+William A. Davis Clinic

**STONY CREEK COMMUNITY HEALTH CENTER (C)\***

P.O. Box 188  
Stony Creek, VA 23882  
434-246-6100  
434-246-6137 (f)  
Alice Mullins Meyer, Executive Director  
R. Menendez, MD, Medical Director  
[mcycra@crois.com](mailto:mcycra@crois.com)

**TRI-AREA HEALTH CLINIC (C)\***

P.O. Box 9  
Laurel Fork, VA 24352  
276-398-2292  
276-398-3331 (f)  
Debra Shelor, Executive Director  
Glen Tate, MD, Medical Director  
[trbirea@swva.net](mailto:trbirea@swva.net)

**TRI-STATE COMMUNITY HEALTH CENTER (C)\*\***

130 West High Street  
Hancock MD 21750  
301-678-7256  
301-678-6396 (f)  
Paul Capcara, Executive Director (X226)  
Mathew Hahn, MD, Medical Director  
[pcapcara@mindspring.com](mailto:pcapcara@mindspring.com)

**VERNON J. HARRIS EAST END COMMUNITY HEALTH CTR (C)\***

719 N. 25<sup>th</sup> Street  
Richmond, VA 23223  
804-780-0840  
804-780-0862 (f)  
Sheena Mackenzie, Executive Director (X114)  
Cassell Jordan, MD, Medical Director  
[vernonj@eastendhealthctr.com](mailto:vernonj@eastendhealthctr.com)

C = Community Health Center  
M= Migrant Health Center  
H = Health Care for the Homeless  
Program  
R = Rural Health Clinic  
O = Other  
+ = Sites  
(f) = Fax Number  
\* = Organizational Member  
\*\* = Associate Member

ATTACHMENT 4 - FAMILY PLANNING WAIVER BUDGET NEUTRALITY WORKSHEET (Total Funds)

TOTAL COSTS										TOTAL
—										
FAMILY PLANNING SERVICES (1)	Persons	35,119	35,422	38,410	42,388	43,909	45,429	46,950		
	Per Capita	\$263	\$463	\$463	\$463	\$463	\$463	\$463		
	Total	\$9,231,578	\$16,396,165	\$17,779,119	\$19,620,511	\$20,324,480	\$21,028,450	\$21,732,419	\$100,484,979	
TOTAL DELIVERY, INFANT, NEWBORN CARE COSTS 2)	Persons	27,458	27,695	30,031	33,141	34,331	35,520	36,709		
	Per Capita	\$7,893	\$7,893	\$7,893	\$7,893	\$7,893	\$7,893	\$7,893		
	Total	\$216,728,813	\$218,600,452	\$237,038,563	\$261,588,763	\$270,974,376	\$280,359,988	\$289,745,600	\$1,339,707,290	
TOTAL WITHOUT-WAIVER COSTS		\$225,960,391	\$234,996,617	\$254,817,682	\$281,209,274	\$291,298,856	\$301,388,437	\$311,478,019	\$1,440,192,268	
FAMILY PLANNING SERVICES (3)	Persons	36,875	37,193	40,330	44,507	48,299	49,972	51,645		
	Per Capita	\$263	\$463	\$463	\$463	\$463	\$463	\$463		
	Total	\$9,693,157	\$17,215,973	\$18,668,075	\$20,601,536	\$22,356,928	\$23,131,295	\$23,905,661	\$108,663,495	
TOTAL DELIVERY, INFANT, NEWBORN CARE COSTS (4)	Persons	27,283	27,384	29,693	32,769	33,558	34,720	35,883		
	Per Capita	\$7,893	\$7,893	\$7,893	\$7,893	\$7,893	\$7,893	\$7,893		
	Total	\$215,344,077	\$216,141,027	\$234,371,695	\$258,645,687	\$264,877,031	\$274,051,453	\$283,225,874	\$1,315,171,740	
SYSTEM CHANGES					\$100,000				\$100,000	
EVALUATION										
Administrative Costs (eligibility, public awareness, etc)		\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$100,000	
TOTAL WITH WAIVER COSTS		\$225,157,234	\$233,377,000	\$253,059,770	\$279,467,223	\$287,253,960	\$297,302,747	\$307,151,535	\$1,424,135,235	
SAVINGS WITH WAIVER (Total Funds)		\$803,158	\$1,619,617	\$1,757,912	\$1,742,051	\$4,044,896	\$4,085,690	\$4,326,484	\$15,957,033	

(1) Projections based on agency reporting for Family Planning Services and agency forecasts for pregnant women within HCFA 37 program designations.  
Note: The sharp increase in cost per recipient from SFY 0000 to SFY2001 is due in part to a change in CMS reporting methodology. Increase results in more services being identified and accounted for each recipient.

(2) The growth rate of population is based on agency forecasts for pregnant women within HCFA 37 program designation, SFY 2000-2006.  
Cost per delivery is based on claims analysis and actuarial analysis of services within managed care programs, SFY 2000 and SFY 2001.  
Claims analysis includes annual cost for women receiving maternity care and delivery (CPT 59000-59999) and additional claims incurred by pregnant woman and average cost for infant (child under 1). Analysis assumes 3% annual inflation.

(3) It is expected that the number of recipients using family planning services in the waiver program will increase 5% in FY 2002 and 10% there after.  
Based on research in previous waiver submission (not questioned by CMS).

(4) As instructed by CMS Questions to DMAS, 9/21/200, new waiver calculations are based on savings ratio concluded by Alan Guttmacher Inst. "Impact of Publicly Funded Contraceptive Services on Unintended Pregnancies and Implications for Medicaid Expenditures". Guttmacher Inst. concludes that "for every dollar spent to provide funded contraceptive services, an average of \$3.00 was saved in Medicaid costs for pregnancy-related health care and medical care for newborns." This ratio is applied to the margin of what is currently being spent for family planning services and what would be spent for family planning services under this new waiver. The result is deducted from the expected delivery cost without the waiver to determine savings.

For clarification of calculations, please contact Michael Lupien, Virginia Department of Medical Assistance Services  
(804) 225-4079 or mlupien@dmass.state.va.us.

ATTACHMENT 4 page 2 - FAMILY PLANNING WAIVER BUDGET NEUTRALITY WORKSHEET (Federal Share)

FEDERAL COSTS WITHOUT WAIVER	SFY 2000						SFY 2001						SFY 2002						SFY 2003						SFY 2004						SFY 2005						SFY 2006						TOTAL SF 2002-06					
FAMILY PLANNING SERVICES	\$8,308,420						\$14,756,549						\$16,001,207						\$17,658,460						\$18,292,032						\$18,925,605						\$19,559,177						\$90,436,481					
TOTAL DELIVERY, INFANT, NEWBORN CARE COSTS	\$111,940,432						\$113,256,814						\$122,193,379						\$132,782,456						\$136,923,352						\$141,665,902						\$146,408,452						\$679,973,541					
TOTAL WITHOUT-WAIVER COSTS	\$120,248,852						\$128,433,443						\$138,194,586						\$150,440,916						\$155,215,384						\$160,591,507						\$165,968,822						\$770,410,022					
WITH WAIVER																																																
FAMILY PLANNING SERVICES	\$8,723,841						\$5,494,376						\$16,801,267						\$18,541,383						\$20,121,235						\$20,818,165						\$21,515,095						\$97,797,146					
TOTAL DELIVERY, INFANT, NEWBORN CARE COSTS	\$111,225,216						\$111,382,665						\$120,818,609						\$131,288,551						\$133,842,364						\$138,478,199						\$141,114,034						\$664,556,280					
SYSTEM CHANGES EVALUATION Administrative Costs-(eligibility, public awareness, etc)	\$10,330						\$10,330						\$10,330						\$10,330						\$10,330						\$90,000						\$75,000						\$75,000					
TOTAL WITH WAIVER COSTS	\$120,034,387						\$127,487,372						\$137,630,206						\$148,005,263						\$151,973,929						\$159,396,694						\$164,639,459						\$762,570,076					
SAVINGS WITH WAIVER	\$10,465						\$526,071						\$564,380						\$105,653						\$1,241,455						\$1,194,812						\$1,328,170						\$4,245,929					

ATTACHMENT 4 page-3 - FAMILY PLANNING WAIVER BUDGET NEUTRALITY WORKSHEET (State Share)

STATE COSTS WITHOUT WAIVER	SFY 2000	SFY 2001	SFY 2002	SFY 2003	SFY 2004	SFY 2005	SFY 2006	TOTAL SF 2002-06
FAMILY PLANNING SERVICES	\$923,158	\$1,639,617	\$1,777,912	\$1,962,051	\$2,032,448	\$2,102,845	\$2,173,242	\$10,048,498
TOTAL DELIVERY, INFANT, NEWBORN CARE COSTS	\$104,788,381	\$105,343,558	\$114,845,184	\$128,806,307	\$134,051,024	\$138,694,086	\$143,337,148	\$659,733,749
TOTAL WITHOUT-WAIVER COSTS	\$105,711,539	\$106,983,174	\$116,633,096	\$130,765,356	\$136,082,442	\$140,799,321	\$145,510,390	\$669,782,046
WITH WAIVER								
FAMILY PLANNING SERVICES	\$969,316	\$1,721,597	\$1,866,807	\$2,060,154	\$2,235,693	\$2,313,129	\$2,390,566	\$10,866,350
TOTAL DELIVERY, INFANT, NEWBORN CARE COSTS	\$10,185,61	\$104,183,361	\$113,553,056	\$127,321,6	\$131,024,7	\$135,573,254	\$140,116,4	\$659,613,050
SYSTEM CHANGES EVALUATION					\$25,000			\$25,000
Administrative Costs- (eligibility, public awareness, etc)	\$9,670	\$9,670	\$9,670	\$9,670	\$9,670	\$10,000	\$9,670	\$10,000
TOTAL WITH WAIVER COSTS	\$105,122,847	\$105,889,628	\$115,429,564	\$129,461,960	\$133,280,030	\$137,906,053	\$142,512,076	\$661,565,159
SAVINGS WITH WAIVER	\$588,692	\$1,093,546	\$1,193,532	\$1,306,398	\$2,803,441	\$2,890,878	\$2,998,314	\$11,192,563

Attachment 5: Regional Analysis of Providers by Specialty

Type	Out of State	Central Region	Eastern Region	Northern Region	Piedmont Region	Western Region	Sum of Totals	Sum of Instate
FQHC		8	9	2	8	12	39	39
GP	247	475	493	652	467	272	2,606	2,359
HD	1	35	13	32	26	21	128	127
NP OB/GYN	5	4	9	4	4	3	29	24
OB/GYN	170	178	219	408	121	68	1,164	994
Pediatric	519	334	358	653	120	67	2,051	1,532
Totals	942	1,034	1,101	1,751	746	443	6,017	5,075

CPT FAMILY PLANNING PROCEDURE CODES CATEGORY II

CODE	PROCEDURE DESCRIPTION
11976	Removal, implantable contraceptive capsules
57410	Pelvic examination under anesthesia
57505	Endocervical curettage (not done as part of dilation and curettage)
58301	Removal of IUD
78656	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete
76857	Limited or follow-up
99000	Handling and/or conveyance of specimen for transfer from a physician's office to a laboratory
99001	Handling and/or conveyance of specimen for transfer from the patient to other than physician's office to a laboratory (distance may be indicated)
99002	Handling, conveyance and/or other service in connection with the implementation of an order involving devices when devices are fabricated by an outside laboratory or shop but which items have been designed, and are fitted and adjusted by the attending physician
99201	New patient office or other outpatient visit
99202	New patient office or other outpatient visit
99203	New patient office or other outpatient visit
99204	New patient office or other outpatient visit
99205	New patient office or other outpatient visit
99211	Established Patient office or other outpatient visit
99212	Established Patient office or other outpatient visit

CODE	PROCEDURE DESCRIPTION
99213	Established Patient office or other outpatient visit
99214	Established Patient office or other outpatient visit
99215	Established Patient office or other outpatient visit
99221	Inpatient Hospital Care
99222	Inpatient Hospital Care
99223	Inpatient Hospital Care
99231	Subsequent Hospital Care
99232	Subsequent Hospital Care
99233	Subsequent Hospital Care
99238	Hospital Discharge Management
99239	Hospital Discharge Management
99241	New or Established Patient Office or Other Outpatient Consultations
99242	New or Established Patient Office or Other Outpatient Consultations
99243	New or Established Patient Office or Other Outpatient Consultations
99244	New or Established Patient Office or Other Outpatient Consultations
99245	New or Established Patient Office or Other Outpatient Consultations
99251	Initial Inpatient Consultation
99252	Initial Inpatient Consultation
99253	Initial Inpatient Consultation
99254	Initial Inpatient Consultation
99255	Initial Inpatient Consultation
99261	Follow-up Inpatient Consultation
99262	Follow-up Inpatient Consultation
99263	Follow-up Inpatient Consultation

CODE	PROCEDURE DESCRIPTION
99271	New or Established Patient Confirmatory Consultation
99272	New or Established Patient Confirmatory Consultation
99273	New or Established Patient Confirmatory Consultation
99274	New or Established Patient Confirmatory Consultation
99275	New or Established Patient Confirmatory Consultation

CPT FAMILY PLANNING CODES CATEGORY III

CODE	PROCEDURE DESCRIPTION
STERILIZATION	
58600	Ligation or transection of fallopian tube(s), adominal or vaginal approach, unilateral or bilateral
58611*	Ligation or transection of fallopian tube(s), whendone at the time of cesarean delivery or intra-abdominal surgery
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, falope ring) vaginal or suprapubic approach
58670**	Laparoscopy – with fulguration of oviducts (with or without transection)
58671	Laparoscopy – with occlusion of oviducts (eg, band, clip, falope ring)
OTHER	
11975	Insertion, implantable capsules
11976	Removal, implantable capsules with reinsertion
57170	Diaphram or cervical cap fitting
58300	Insertion of intrauterine device

\* In context of the family planning waiver, this will only apply when performed after the 60 day postpartum period.

\*\*In context of the family planning waiver, this will only apply when performed with adominal surgery and not after a cesarean delivery.

\*\*\*In context of the family planning waiver, this will only apply when required for a family planning sterilization procedure.

ICD-9 PROCEDURE CODES

CODE	STERILIZATION PROCEDURE
66.21	Bilateral endoscopic ligation and crushing of fallopian tubes
66.22	Bilateral endoscopic ligation and division of fallopian tubes
66.31	Other bilateral ligation or crushing of fallopian tubes
66.32	Other bilateral ligation or division of fallopian tubes
66.39	Other bilateral ligation or destruction or occlusion of fallopian tubes
66.51	Removal of both fallopian tubes at same procedure
66.52	Removal of remaining fallopian tube
89.26	General Pelvic (limit one per year)
94.49	Other counselling
97.71	Removal of IUD
99.24	Injection of Hormone

ICD-9 CM DIAGNOSIS CODES

CODE	DIAGNOSIS
V25.0	General Counseling and Advice
V25.01	Prescription of oral contraceptives
V25.02	Initiation of other contraceptive measures
V25.09	Other family planning advice
V25.1	Insertion of intrauterine contraceptive device
V25.2	Sterilization
V25.4	Surveillance of previously prescribed contraceptive methods
V25.40	Contraceptive surveillance unspecified
V25.41	Contraceptive pill
V25.42	Intrauterine device checking, reinsertion, removal
V25.49	Other contraceptive method
V25.9	Unspecified contraceptive management